

# **New Member Form**

Please use only black ink and do not highlight. Any corrections or whiteouts must be initialed.

MEMBER INFORMATION Member's Name (first, middle, last)				Social Security Number
Mailing Address				Daytime Phone Number
City	State Zip Code	_	City Number	
Sex: Male Female Date of Birth	Gross Monthly Salary	Date of Participation	City Name	
Check one if applicable: Uniformed fire	police			
Non-uniformed fire	police			
If you are a member of any of the fol	lowing systems, please cl	neck the appropria	te box(es):	
Texas Municipal Retirement System	Texas County and D	District Retirement Syst	em	
Teacher Retirement System of Texas	City of Austin Emplo	yees Retirement Syste	em	
Employees Retirement System of Texas	Judicial Retirement	System of Texas		
Please read instructions before complete Beneficiary's Full Name (first, middle, last)		signation will not co	ontrol in the eve	ent you are or become vested.  Social Security Number  — —
Sex: Male Female	Relationship (required):			Date of Birth
	8			
Beneficiary's Full Name (first, middle, last)				Social Security Number
Sex: Male Female	Relationship (required):			Date of Birth
Beneficiary's Full Name (first, middle, last)				Social Security Number
Sex: Male Female	Relationship (required):			Date of Birth
CUSTODIAN UNDER THE TE You may designate a custodian if any Custodian's Name (first, middle, last)  MEMBER SIGNATURE REQU I request that if I die before becoming vester above. Should I, at some future time, decide writing on a form prescribed by TMRS. If a be with said beneficiary ceases, then this desig beneficiary, my account balance will be pai signing this form, I certify that I have read the	JIRED d, my account balance and any to have my account balance preficiary named above predections shall become inoperation to the surviving primary ber	years of age.  y Supplemental Death aid to someone other t beases me and I fail to tive as to that benefic	Control Con	ustodian's Relationship to Beneficiary  be due be paid to the person(s) listed listed above, I will make the change ir leficiary, or in the event my relationship that if I name more than one primary
X				
Member's Signature		e Sianed		

## BENEFICIARY NOTES

## **HOW LONG IS THE BENEFICIARY DESIGNATION VALID?**

- The designation on this form is valid until you redesignate a beneficiary on the Not Vested Change of Beneficiary form; OR
- You become vested (at which time your designation on this form may become inoperative) you will need to submit a <u>Vested Change of Beneficiary form at that time to designate a beneficiary; or</u>
- You apply for retirement, at which time you will need to submit a <u>Selection of Service Retirement Plan</u> form to designate a beneficiary.
- If you have more than one **non-retired** account with TMRS as a result of employment with more than one City, the beneficiary designation on this form will apply to <u>all</u> cities.

#### **DESIGNATING YOUR BENEFICIARY**

- You may designate **up to three** beneficiaries. Unless directed otherwise in writing **on the form,** your benefits will be paid equally to the surviving beneficiaries. Please contact TMRS for instructions on how to provide for unequal distribution.
- If you wish to designate alternate beneficiaries, please contact TMRS or your employing city you will need to complete the Not Vested Change of Beneficiary form. Your benefits will be paid to your alternate beneficiaries only if the designation with respect to each primary beneficiary is revoked by death or your relationship with each primary beneficiary has terminated.

# SUPPLEMENTAL DEATH BENEFITS (SDB)

- If your employer provides Supplemental Death Benefits (SDB) and you die while employed, TMRS will pay a one time lump sum payment approximately equal to one year's salary based on the 12 months immediately preceding your month of death.
- The SDB payment will be paid to the beneficiary(ies) designated on this form, even if you have previously designated a different SDB beneficiary.
- If you wish to designate a different beneficiary(ies) other than the person(s) designated on this form to receive the SDB payment, you will need to complete the <u>Supplemental Death Benefits Beneficiary Designation</u> form.

## **ESTATE, TRUST & CHARITY DESIGNATIONS**

- If you wish to designate your Estate as beneficiary, please write only the word "ESTATE" in the space provided for the name of the beneficiary.
- If you wish to designate a Charity as beneficiary, please write the name of the charity (i.e., American Heart Association) in the space provided for the name of the beneficiary.
- If you wish to designate a Trust, please write "Trustee of the (enter name of trust here)" in the space provided for the name of the beneficiary. Please ensure that you have a legal trust agreement in place prior to designating a "Trust" on this form.
  - TMRS will accept the designation of a Trust. However, we cannot assure that if and when a benefit becomes payable from this System, the designation will be legally valid. In other words, if the trustee does not accept or has died, or if the Trust has been revoked, or if for any other reason the designation is not legally sufficient at the time of the member's death, the benefit due from the System will be paid in accordance with the provisions of the TMRS Act as if no trust/trustee had been designated.

# **DESIGNATING MINOR CHILDREN (Custodian under TUTMA)**

Chapter 141 of the Texas Property Code is the Texas Uniform Transfers to Minors Act (TUTMA) which allows you to nominate a "custodian" to receive TMRS benefits on behalf of your minor beneficiary. If you wish to designate a minor child, please do the following

write the full name and all information pertaining to the minor child in the Beneficiary section of the form. Then complete the "Custodian Section" directly under the beneficiary section.

#### **RULES**

- Only adults at least 21 years of age, financial institutions, corporations, or other legal entities may serve as custodians.
- You cannot nominate two or more custodians to serve jointly. However, you may nominate a substitute custodian to serve in the event the first nominated custodian dies before the first payment is made, declines, or is ineligible to serve. Please contact TMRS for instructions on how to nominate a substitute custodian.
- You may designate the same custodian for up to three minors. If one custodian is named for all three minors, that custodian would receive separate benefit payments for each minor.
- When the minor beneficiary reaches age 18, the custodianship for that beneficiary as to TMRS benefits is terminated and any benefits that become payable will be paid directly to that beneficiary.
- The designated custodian may select any benefit option that the minor could select if the minor were an adult.
- If an eligible custodian is designated to receive benefits, there is no limit on the amount of benefits that can be paid to the custodian.
- The minor's social security number is used for IRS reporting purposes.

### TMRS WILL NOT ACCEPT

- Attachments (listing additional beneficiaries-contact TMRS for the correct form to designate alternate beneficiaries)
- Alterations without initials
- An incomplete form or any attempt to change its provisions
- An unacceptable beneficiary designation